## North Carolina

### Cancer Surveillance System

<table>
<thead>
<tr>
<th>State</th>
<th>Statute/Rule</th>
<th>Language Specific to Surveillance System</th>
<th>Data Sharing</th>
<th>Research Authority</th>
<th>Consent Required?</th>
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</thead>
<tbody>
<tr>
<td>NC</td>
<td>STATUTE: NCGS, Chapter 130A, Article 7, Part 1</td>
<td>§130A208. Central cancer registry. A central cancer registry is established within the Department. The central cancer registry shall compile, tabulate and preserve statistical, clinical and other reports and records relating to the incidence, treatment and cure of cancer received pursuant to this Part. The central cancer registry shall provide assistance and consultation for public health work.</td>
<td>§130A209. Incidence reporting of cancer; charge for collection if failure to report. (a) All health care facilities and health care providers that detect, diagnose, or treat cancer or benign brain or central nervous system tumors shall report to the central cancer registry each diagnosis of cancer or benign brain or central nervous system tumors in any person who is screened, diagnosed, or treated by the facility or provider. The reports shall be made within six months of diagnosis. Diagnostic, demographic and other information as prescribed by the rules of the Commission shall be included in the report.</td>
<td>§130A214. Duties of Department. The Department shall study the entire problem of cancer including its causes, including environmental factors; prevention; detection; diagnosis and treatment. The Department shall provide or assure the availability of cancer educational</td>
<td>NO</td>
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<td>RULE: 10A NCAC 39A.1150 – 47B.0109</td>
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</table>
### 10A NCAC 47B.0102 DEFINITIONS

5. “Follow-up information” is information on the post-treatment status of a cancer patient whose abstract was submitted to the registry previously.

14. “Registry” is the central cancer registry. The registry is administratively assigned to the State Center for Health Statistics, Department of Health and Human Services.

### 10A NCAC 47B.0105. COOPERATION OF THE CENTRAL CANCER REGISTRY WITH HEALTH FACILITIES:

(a) Any health care facility that is staffed and equipped for the diagnosis, treatment or follow-up care of cancer patients may participate with the registry in the exchange of information regarding the referral, treatment, maintenance or cure of cancer.

(b) The registry shall cooperate and consult with participating health care facilities and providers to the end that cancer registries in such facilities may provide the most accurate data available and may otherwise operate in the best interest of the cancer patients being treated therein. The registry will provide:

6. Other information for the purpose of follow-up of a patient. This information is limited to the name of another facility or physician providing services to the patient, the date of last contact with the patient, and the vital status.

### 10A NCAC 47B.0109 FAILURE TO REPORT

(b) If a facility or provider is out of compliance for two consecutive quarters and is not demonstrating progress toward becoming compliant, then the State Health Director shall direct the registry to collect the data and shall direct the facility or provider to reimburse the registry for all actual costs expended in order to obtain the data up to one hundred dollars ($100.00) per case abstracted. The amount of the reimbursement shall include both travel expenses and the full cost of personnel time.